

Inspection Report

Name of Service: Intermediate Care Services - Community Rehabilitation

Provider: Belfast Health and Social Trust

Date of Inspection: 5 September 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|--|---------------------------------|
| Organisation: | Belfast Health and Social Trust |
| Responsible Individual: | Mrs Maureen Edwards |
| Registered Manager: | Mr Craig Ballentine Kearns |
| <p>Service Profile: The Belfast Health and Social Care Trust Intermediate Care Service is a domiciliary care agency which provides rehabilitation services. The service includes a range of personal care services to people living in their own homes in the North and West Belfast areas. The agency is a transition service for discharged hospital patients.</p> <p>A small number of Rehabilitation Assistants also provide support to a regulated care home, under the guidance of Allied Health Professionals (AHPs).</p> <p>RQIA does not regulate this element of supply; and these are managed separately by the service. RQIA equally does not regulate the AHPs, although these are managed by the service.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 5 September 2025, between 9.45 am and 12 pm by a care Inspector.

The last care inspection of the agency was undertaken on 23 February 2024 by a care inspector. No areas for improvement were identified. The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as the recruitment process.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care. Service users' relatives said that the care and support provided by Intermediate Care Services - Community Rehabilitation was very good and that the staff were brilliant. Refer to Section 3.2 for more details.

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; the rehabilitation assistants who work for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users' relatives told us that the rehabilitation assistants were 'doing a good job' and that they are 'brilliant'. One relative described the rehabilitation assistants as being 100 percent and that they never heard any complaints about them.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. Consultation with service users and their representatives established there were no concerns regarding service users receiving their calls in keeping with the care plan.

Review of the agency's staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were generally completed and verified before staff members commenced employment and had direct engagement with service users. However, review of employment references identified that they had not been consistently been supplied by the staff members' current/last employer.

In one instance, the same individual provided two references for a staff member and the reference was from an employment period over 20 years beforehand, despite having had more recent employers. An area for improvement has been identified.

Advice was given in relation to the need for email requests for references to be saved to the documents folder of the Amiquis records management system, specifically when current employer references have not been forthcoming. Additionally, discussion took place regarding the need for references to be sent from professional email accounts and the need to validate the email account from which the reference was received.

A staff member's full employment history had not been recorded and where a gap in employment had been provided, it was not sufficiently clear to determine if there was a gap in employment. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

Newly appointed staff, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date.

Procedures were in place for appraising staff performance and staff were provided with supervision on a regular basis.

3.3.2 Care Delivery and Care Records

Due to the bespoke nature of this service, the care and support provided was directed by members of the multidisciplinary team. The care plans were person-centred and contained sufficient detail in relation to the tasks the rehabilitation assistants needed to complete. There was evidence that the care plans were updated on a regular basis. It was good to note that the rehabilitation assistants attended an MDT meeting on a weekly basis. Staff meetings were also held on a quarterly basis; and there were also Newsletters issued on a monthly basis, to ensure that the rehabilitation assistants were up to date and any new learning was shared through this process. This is good practice and is commended.

The care plan included moving and handling assessments and it was noted that these were updated on a regular basis.

There was a system in place for managing the disposal of medicines which service users may have missed/declined. This is good practice.

Advice was given in relation to the need for the duration of calls to be recorded on the care plan and on the staffing rota, specifically for service users who had completed their active rehabilitation period. The manager was in the process of getting this matter rectified.

There was a system in place for identifying any missed calls; this included regular auditing of the daily notes completed by the rehabilitation assistants.

A review of a sample of daily notes evidenced that they were legible, up to date and signed by the person making the entry. There was a system in place to ensure that completed daily notes were returned to the registered office when the package of care ceased.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Craig Ballentine Kearns has been the manager in this agency since 19 May 2022.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

Review of incident and complaints records identified that they were managed appropriately.

The annual quality report was reviewed. Whilst there was evidence that stakeholder feedback had been received through the monthly quality monitoring processes, advice was given in relation to the need for this to be included within the annual quality report. This will be reviewed at a future inspection.

Consent to contact service users for feedback on the service was also obtained. Service were also provided with a Complaints leaflet to support them in raising any concerns. Feedback on the quality of service could also be provided electronically through care opinion, online platform.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a protocol in place for staff to follow where service users were not at home as planned.

There was also a system of communication in place for service users who had other domiciliary care providers involved in their care and support. Advice was given in relation to ensuring the service users' care managers are informed accordingly, particularly in relation to any matters relating to missed medicine and/or the involvement of another domiciliary care provider.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, and the quality of services provided by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Regulations.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 2 | 0 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Craig Ballentine Kearns, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p> | <p>The registered person shall ensure that employment references are sought from the staff member's current or last employer; where this is not forthcoming, records of efforts made to obtain same must be retained for inspection purposes.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>A Standard Operating Procedure for Staff Onboarding is now in place within the service ensuring current/last employer provides a reference and from a verified email address. This will be used for all recruitment from the time of the inspection.</p> <p>This has been escalated to senior management within the Belfast Trust as the Trust commissions another department to complete these checks prior to start dates being offered.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p> | <p>The registered person shall ensure that full employment histories are obtained as part of the recruitment process; this means employment back to school leaving age; and any gaps in employment should be clearly recorded, so as to demonstrate when the gap in employment started and ended.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>A Standard Operating Procedure for Staff Onboarding is now in place within the service ensuring current/last employer provides a reference and from a verified email address. This will be used for all recruitment from the time of the inspection.</p> <p>This has been escalated to senior management within the Belfast Trust as the Trust commissions another department to complete these checks prior to start dates being offered.</p> |

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